AESOPHAGEAL SPEECH FOR A LARYNGECTOMEE

SRINIVAS GUDI

Mr A., reported to the clinic on 2-8-1968. He was 52 years old, and a peasant by occupation. He was referred to the clinic from the Cancer Institute, Madras for speech therapy.

In the early part of January Mr A had an uneasiness in the throat region accompanied by constant cough. After three months, it was diagnosed as cancer of the larynx and he was admitted to the Madras Institute for cobalt therapy. On 29-2-1968 he had a total laryngectomy with partial pharyngectomy done on him. He was bedridden until 18-6-1968 after which date he could move about freely and did not have any difficulty eating and drinking.

It was noticed on examination at the Institute, that he could make quite well the unvoiced sounds in English. He was also able to initiate a small belch. His articulation for speech was excellent. He was admitted to Krishnarajendra Hospital enabling him to attend the Institute daily for therapy excepting Sundays and other holidays.

Mr A was seen for 30 minutes a day for a period of one month which amounted to about 25 therapy sessions. During the initial sessions with him he was told of the surgery that has been done on him, the consequences, and how his 'speech' will be afterwards. The injection method of producing belches was used. He found it rather difficult to produce belches and hence was asked to take sips of water and follow the action of the tongue in swallowing it. He was asked to repeat the same movement to get a belch. While he was doing this he got a belch which was immediately reinforced. When he could successfully get belches, weak and short ones, he was given further practice. Then we proceeded to elongate each belch and make it louder.

The problems that the therapist faced in working with Mr A were:

(1) Hissing noise due to breathing.
(2) Frequent 'noisy' swallowing.
(3) A fistula in the neck which he often closed with his fingers to get greater pressure.

The hissing noise was eliminated by isolating breathing and speech. That is, he was told of how breathing and speech need no more to function together. Analogies to walking, movement of limbs and the silent movement of the articulators during quiet breathing were drawn.

Mr Srinivas Gudi was an Internee at the A.I.I.S.H.

The swallowing noise took a long time to be extinguished and the fistula remained there.

At later stages in therapy he was taught to use his stop sounds to inject air for continuous speech. This he learnt very well.

Around 2-10-1968 when he was discharged from the Institute, Mr A went to the Cancer Institute Madras, to get the fistula repaired. At that time he was speaking fairly well and it was quite intelligible.

After the repair of that fistula by plastic surgery, he reported that there was formation of a new fistula and that carcinoma recurred. He was in the Cancer Institute till 3-3-1969 for radiation. Mr A wrote us that he lost the capacity to produce aesophageal speech. 'The belches came out but vibrated at the pharyngeal wall to make the speech hoarse and unintelligible'. Before this, though not much of speech was possible on empty stomach, he could speak a full sentence of 8-10 words in one belch when his stomach was full. These sentences were quiet easily spoken and understood well by the audience.

In a letter which Mr A wrote to us on 2-8-1969, he informed that he could speak a full sentence in one belch and it was quite intelligible even to his little children. He wrote: 'After all I can communicate well although I am not yet fully cured of cancer'.

He is now at the Cancer Institute again and last oral reports indicated that he was scheduled for another surgery. The Institute is still awaiting the further follow-up information from him.